

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581674

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	2					
7	4					
8	4					
9	4					
10	4					
11	4					
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16	3					
17	2					
18	2					
19	4					
20	4					
21	4					
22	4					
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25	2					
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27	2					
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TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	57	←	←	←	←	←
TOTAL CLAIMS	68	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████